

**BEST AVAILABLE COPY**

CLAIMS ONLY							Application Number 10-689633		Filing Date		
							Applicant(s)				
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* May be used for additional claims or amendments				
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend
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Total Indep	1										
Total Depend	15										
Total Claims	16										
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